



# SCHS Studies

A Special Report Series by the State Center for Health Statistics  
1908 Mail Service Center, Raleigh, N.C. 27699-1908  
[www.schs.state.nc.us/SCHS/](http://www.schs.state.nc.us/SCHS/)

No. 131

February 2002

## Do Persons with High Medical and Behavioral Risks Have Limited Access to Health Care?

by

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### ABSTRACT

**Objectives:** The objective of this study is to quantify the extent of limited health care access among three risk groups: (1) people with chronic illnesses, (2) those with high-risk behaviors or with high-risk conditions and (3) those who fail to comply with recommended preventive health care practices.

**Methods:** We used 1997-2000 survey data from the North Carolina Behavioral Risk Factor Surveillance System (BRFSS) for this study. Limited health care access consisted of non-continuous health insurance coverage in the past year, not seeing a doctor due to cost, and no medical checkup in the past year. Persons with chronic disease conditions, health risks, and non-compliant preventive health care behaviors were compared to those without these risks or conditions. Odd ratios adjusted for age, sex, race, household income, and education were calculated for each risk group using the SUDAAN software.

**Results:** Household income, education, and age were strong predictors of limited access to health care. Persons with chronic health conditions were more likely to report cost as a barrier to health care than those without chronic health conditions. In general, persons with high-risk behaviors or conditions were significantly more likely to report limited access to health care than those without high-risk behaviors or conditions. For example, after controlling for demographic characteristics, chronic drinkers were significantly more likely than non-drinkers (Adj. OR=1.73) and smokers were more likely than non-smokers (Adj. OR=1.55) to lack continuous health insurance. Non-compliance for preventive services was associated with significantly higher rates of non-continuous health insurance, limitation of care due to cost, and lack of routine medical care, both before and after controlling for socio-demographics.

**Conclusions:** This study shows that persons with high medical and behavioral risks are generally more likely than persons of lower risk to have problems with access to health care. This relationship persists after controlling for sex, race, age, education, and income. Persons with these risks have lower access to health care despite a higher level of health care needs. The strong association between risk factors such as smoking and drinking and limited access to health care suggests that persons with these risks face other obstacles to health care, such as lower self-motivation to maintain optimal health.

